

DDS Provider Profile Correction Form
Email form to DDS.Provider.Profiles@ct.gov

[To view existing Provider Profile located on DDS website, select DDS Qualified Providers](#)

AGENCY or PROVIDER NAME:

Field and Explanation	Enter only information that needs to be corrected into this column
Street Address:	
Town/State/ZIP:	
Main Number: Ext.	
Fax Number:	
Toll-free # if available:	
TD # if available:	
Corporation Type: Non-Profit; For Profit; LLC	
Director Name:	
Director Phone:	
Director Email: This email address is used for all DDS correspondence to providers. Must be kept current!	
Chief Financial Officer Name:	
Chief Financial Officer Phone:	
Chief Financial Officer Email: This email address is used for all DDS correspondence to providers. Must be kept current!	
Contact Name:	
Contact Phone:	
Contact Email: This email address is used to send all DDS correspondence to your agency. Must be kept current!	
Web Address – If the organization has a website, list the address so the family will be able to directly link to the site from the provider profile.	
Willing to Accept new clients – Please identify whether the agency would like to support new consumers at this time.	
Number of people supported who are connected to DDS.	
Services agency is qualified to provide - Indicate only services that are wrong. To amend services, complete an Application to Amend Services.	
Towns served - Identify all the towns your agency currently provides or would like to expand supports to. We ask all organizations to carefully analyze their service areas and identify only those towns the agency is confident it has the staff, supervision and infrastructure to provide quality supports at this time. The success of this provider search program is dependent on your organization listing only those towns in which it can provide high quality supports to individuals and families in an efficient manner. Providers will be able to add or delete towns at any time.	Use attached Town List to add or delete based on your current profile. Do not include towns already on profile.
About the Provider – Providers are asked to write a short and succinct description of the agency. Providers will be limited to 300 words. The department reserves the right to edit the contents for brevity and content. Any edits will be discussed with the provider. Attach separate Word document if necessary.	

6/4/2015